HEARTHSIDE REHABILITATION CENTER

9325 NORTH GREEN BAY ROAD

BROWN DEER 53209 Phone: (414) 354-4800 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 175 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 175 Yes Number of Residents on 12/31/02: 149 Average Daily Census: 175

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)							
Home Health Care	No	Primary Diagnosis		Age Groups	%		2.0		
Supp. Home Care-Personal Care	No					1 - 4 Years	14.1		
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	85.9	·	83.9		
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6.0				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	5.4		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	2.7	*********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic				Full-Time Equivalen	uivalent		
Congregate Meals No		Cancer 0.0 Nursing				Nursing Staff per 100 Re	Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	0.0	65 & Over	14.1				
Transportation	No	Cerebrovascular	0.0			RNs	2.7		
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	7.4		
Other Services	No	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	41.6	Aides, & Orderlies	63.4		
Mentally Ill	No			Female	58.4	1			
Provide Day Programming for			100.0			1			
Developmentally Disabled Yes				1	100.0				

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				149	100.0	240	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	149	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		149	100.0		0	0.0		0	0.0		0	0.0		0	0.0		149	100.0

HEARTHSIDE REHABILITATION CENTER

*********	*****	* * * * * * * * * * * * * * * * * * * *	******	*****	*****	*******	*********
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period	1						
	- 1				% Needing		Total
Percent Admissions from:	1	Activities of	양	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	5.4		59.7	34.9	149
Other Nursing Homes	0.0	Dressing	17.4		51.0	31.5	149
Acute Care Hospitals	22.2	Transferring	51.7		26.2	22.1	149
Psych. HospMR/DD Facilities	66.7	Toilet Use	32.2		49.7	18.1	149
Rehabilitation Hospitals	0.0	Eating	36.9		34.2	28.9	149
Other Locations	11.1	******	*****	*****	*****	*******	******
Total Number of Admissions	18	Continence		용	Special Treatm	ments	용
Percent Discharges To:	- 1	Indwelling Or Externa	al Catheter	0.7	Receiving Re	espiratory Care	0.0
Private Home/No Home Health	4.8	Occ/Freq. Incontinent	t of Bladder	59.7	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	59.7		ıctioning	0.0
Other Nursing Homes	9.5				Receiving Os	stomy Care	1.3
Acute Care Hospitals	20.6	Mobility			Receiving Tu	ıbe Feeding	10.1
Psych. HospMR/DD Facilities	19.0	Physically Restrained	d	31.5	Receiving Me	echanically Altered Diets	47.0
Rehabilitation Hospitals	0.0						
Other Locations	41.3	Skin Care			Other Resident	Characteristics	
Deaths	4.8	With Pressure Sores		0.0	Have Advance	e Directives	0.0
Total Number of Discharges	- 1	With Rashes		18.8	Medications		
(Including Deaths)	63				Receiving Ps	sychoactive Drugs	53.0

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD cilities		All ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	82.3	83.9	0.98	85.1	0.97	
Current Residents from In-County	99.3	38.2	2.60	76.6	1.30	
Admissions from In-County, Still Residing	16.7	18.5	0.90	20.3	0.82	
Admissions/Average Daily Census	10.3	20.3	0.51	133.4	0.08	
Discharges/Average Daily Census	36.0	23.6	1.53	135.3	0.27	
Discharges To Private Residence/Average Daily Census	1.7	9.8	0.18	56.6	0.03	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	14.1	15.3	0.92	87.7	0.16	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	99.3	99.5	1.00	7.1	13.99	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	49.4	54.0	0.91	49.3	1.00	
Psychological Problems	53.0	48.2	1.10	54.0	0.98	
Nursing Care Required (Mean) *	9.6	11.3	0.85	7.2	1.34	